

**TRUST BOARD – 27 NOVEMBER 2013**

**FINANCE AND PERFORMANCE COMMITTEE – 20 NOVEMBER 2013  
EXECUTIVE SUMMARY REPORT**

<b>PURPOSE</b>	To present to the Trust Board the report from the Finance and Performance Committee (FPC) meeting of 20 November 2013
<b>PREVIOUSLY CONSIDERED BY</b>	N/A
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services <input checked="" type="checkbox"/> 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction <input checked="" type="checkbox"/> 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services <input checked="" type="checkbox"/> 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable <input checked="" type="checkbox"/> 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services <input checked="" type="checkbox"/> 6. To improve our staff engagement and organisational culture to be amongst the best nationally
<b>Risk Issues</b> (Quality, safety, financial, HR, legal issues, equality issues)	Key assurance committee reporting to the Board Financial risks as outlined in paper
<b>Healthcare/National Policy</b> (includes CQC/Monitor)	Potential risk to CQC outcomes Key statutory requirement under SFIs, SOs. Healthcare regulation, DH Operating Framework and other national performance standards
<b>CRR/Board Assurance Framework *</b>	<input type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF
<b>ACTION REQUIRED *</b>	
For approval <input type="checkbox"/>	For decision <input type="checkbox"/>
For discussion <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
<b>DIRECTOR:</b>	Chair of FPC
<b>PRESENTED BY:</b>	Chair of FPC
<b>AUTHOR:</b>	Board Committee Secretary/Company Secretary
<b>DATE:</b>	20 November 2013



## **FINANCE AND PERFORMANCE COMMITTEE – 20 NOVEMBER 2013**

### **EXECUTIVE SUMMARY REPORT TO BOARD – 27 NOVEMBER 2013**

#### **Floodlight scorecard Month 7**

The FPC reviewed the floodlight scorecard for Month 7 which provides performance information against key indicators for the Trust in a number of domains, and noted the areas of risk with signposts to where these issues are addressed. The scorecard was accompanied by an exception report on statutory and mandatory training performance. The Committee was pleased to note that improvements continue to be made in all 9 competencies and the unusually high recruitment of non-medical clinical staff to the Trust in September and October had created a huge impact on training requirements which had been met by Nurse Education and supporting trainers.

#### **Consolidated Finance Report Month 7, Finance Report for Month 7 (excluding Treatment Centre), Finance Report for Treatment Centre Month 7**

The Committee had a discussion on the Trust's financial position for the period ending 30 October 2013 and was pleased to see that, for absolute clarity, this had been broken down into three separate reports as was requested. It was noted that the month 7 financial position is significantly behind plan due to a combination of income being lower than plan and expenditure being above plan and the impact of increased activity, winter pressures, Treatment Centre and use of agency. The Committee discussed the financial challenges to the Trust this year and requested a report which demonstrates that the year-end forecast is achievable. It was noted the Trust is confident in its winter pressure preparations.

#### **Performance Report Month 7**

The FPC received the Month 7 performance report presented by the Associate Director of Operations. Of particular significance was the achievement of the 18-week referral to treatment performance which exceeded the admitted standard of 90% by .3%, however it was noted on-going performance challenges will continue until approximately January 2014 owing to the inheritance of a number of patients from the Treatment Centre that were either very close to or had passed their 18-week breach position.

The Committee discussed the latest stroke information and were pleased to note the improvements in some of the indicators and discussed the actions planned. A copy of the action plan and trajectory to meet the targets was requested at a future meeting. It was suggested this also includes the targets for mortality.

The FPC was pleased to note the achievement of the Emergency Department standard for October at 97.23% and a discussion took place on the number of patients who are waiting beyond 13 weeks for a first appointment and actions being taken to improve this.

It was noted that theatre utilisation for the Treatment Centre continues to rise steadily but there was some ambiguity in numbers presented within the Finance and Performance reports which the Chairman requested be reconciled.

The Committee had an in-depth discussion about the Medihome (acute care at home) pilot scheme and requested a value for money exercise be undertaken following conclusion of the six-month pilot.

#### **Presentation by the Surgery Division**

The Committee was pleased to receive a presentation by the Division of Surgery on income and expenditure performance as had been requested at a previous meeting. The presentation highlighted reasons for the £660k budgetary overspend and reasons for under-

delivery of CIPs with measures in place to address both, all of which were robustly discussed. The Committee was in agreement that the issues to be addressed are prioritising actions to improve performance and cascading CIP objectives to every member of staff.

### **Workforce Report Month 7**

The FPC was very encouraged by the Month 7 Workforce Report which provides information on standard monthly metrics and Trust-wide issues relating to management of the workforce. Highlights included the progress being maintained in relation to vacancy rates (at 4.8% this is below the Trust target of 6% and one of the lowest nationally), the positive engagement with divisions taking place within the OCH Workforce Gateway process, and that the CRB employment check project is ahead of trajectory.

### **Our Changing Hospitals**

#### **(i) Progress Report**

The Committee received the Our Changing Hospitals Programme Progress report presented by the Assistant Director of the Hospital Project Team. Noteworthy issues included delays to the Emergency Department project as a result of asbestos removal, where the contractor has been asked to develop a programme of weekend working to bring the project back to the original timetable, to avoid delays to consolidation; and options to report on business case metrics to ensure programmes are monitored and managed in accordance with the overall programme timescale. The Committee requested details of all business cases, each with its own benefits realisation plan to be incorporated within a dashboard demonstrating a rating of achievement.

#### **(ii) 100-day Plan Treatment Centre**

The Committee considered an update on the 100-day Plan, which was produced to support the integration of and service development within the Treatment Centre, since service transfer to the Trust had taken place on 14 September 2013. The Committee requested that the plan be supplemented by an overview of the progress since service transfer outlining targets with timescales for improvement across a range of key performance indicators, eg income, utilisation and quality indicators. These will be included in the update for the December 2013 meeting. It was agreed that after December report future reports would be by exception only.

### **Service Line Reporting Presentation**

The Head of Contracting and SLR Project Manager attended the FPC to present an update on the progress being made in implementing the Service Line Reporting process within the Trust. The Committee was very encouraged that the project is progressing well and is on target to deliver a robust, live reporting system in April 2014.

### **Tender Waivers**

The FPC received an update on improvements being made to reduce the number of waivers for the Trust to ensure value for money, but was disappointed to learn that whilst the waiver approval process continues to be applied robustly, the Trust is not meeting its targets. It was noted this is due in part to multi-year maintenance arrangements where there is only one provider. The Director of Finance confirmed he would investigate this situation further. The report highlighted the top three tender waivers by contract value and it was agreed future tender waivers be robustly monitored.

### **Aseptic Services Tender Brief**

The Deputy Director of Finance presented a tender briefing paper on Aseptic Services which relates to the production of cancer drugs at Mount Vernon Cancer Centre and, whilst recognising the importance of this tender, the Committee requested further information to demonstrate value for money.

**Julian Nicholls**

**Chairman**

20 November 2013